MIDWIFERY SCOPE AND MODEL OF PRACTICE

Preamble

The midwifery scope and model of practice as defined in this document provides the broad boundaries of midwifery practice in British Columbia (BC). The College of Midwives of British Columbia (CMBC)'s *Standards of Practice* and associated policies detail the minimum requirements for safe practice of midwifery within the midwifery scope and model. The *Competencies of Registered Midwives* provide details of the skills and knowledge expected of a midwife in BC.

Midwifery Scope of Practice

According to the International Confederation of Midwives (ICM), a midwife is:

> "a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice to during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in the mother and child, the accessing of medical care or other appropriate assistance when necessary and the carrying out of emergency measures when necessary.
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> The midwife has an important task in health counselling and education, not only for the woman but also within the family and the community. The work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.
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> A midwife may practise in any setting including the home, community, hospitals, clinics, or health units."

The ICM definition of a midwife (last updated in 2005) has been consistently supported by the International Federation of Gynaecologists and Obstetricians (FIGO), and the World Health Organization (WHO) since 1972.

In BC, the *Midwives Regulation* limits the midwifery scope of practice as the practice of midwifery. Midwifery is defined as "the health profession in which a person provides the following services during normal pregnancy, labour, delivery and the postpartum period:

- assessment, monitoring and care for women, newborns and infants, including the carrying out of appropriate emergency measures when necessary;
- counselling, supporting and advising women, including provision of advice and information regarding care for newborns and infants;
- conducting internal examinations of women, performing episiotomies and amniotomies and repairing episiotomies and simple lacerations;
- contraceptive services for women during the 3 months following a birth."

Midwifery Model of Practice

The midwifery model of practice in British Columbia is autonomous, community-based primary care, and incorporates the principles of continuity of care, informed choice, choice of birth setting, collaboration, accountability, ethics and evidence-based practice.

AUTONOMOUS, COMMUNITY-BASED PRIMARY CARE

Midwives are primary care providers in autonomous practice, with hospital privileges, within their communities. For each client, under their own responsibility, the midwife provides a continuum of midwifery services throughout pregnancy, labour and the postpartum period.

Midwives practice in a range of settings, including clinics, clients' homes, hospitals, and other community-based settings. Midwifery care for labour, birth and early postpartum is provided in a setting chosen by the client and appropriate to their level of risk. In all settings, midwives remain responsible and accountable for the care they provide.

CONTINUITY OF CARE

Midwives provide continuity of care. Continuity of care is delivered through the provision of midwifery care during pregnancy, labour, birth and the postpartum period, on a 24-hour on-call basis by a registrant or small group of registrants known to the client. Continuity of care is both a philosophy and a process that is facilitated through a partnership; ideally each client will meet and develop a relationship of trust with the midwife or midwives in the group before labour. A group practice must share a common philosophy and a consistent and coordinated approach to practice.

INFORMED CHOICE

Midwives respect the rights of clients to make informed choices and facilitate this process by providing complete, relevant, objective information and their professional recommendations in a non-authoritarian, supportive manner. Having adequate time for discussion in the prenatal period is necessary to the successful facilitation of informed choice.

CHOICE OF BIRTH SETTING

Midwives provide care in a variety of settings, including homes, hospitals and birth centres, where available. The birth setting is chosen by the client in consultation with the midwife. Midwives must acquire admitting and discharge midwifery hospital privileges in their local maternity units and, where available, privileges for birth centers. Midwives function within their scope of practice in both the home and hospital setting.

COLLABORATION

Midwives consult and collaborate with other health care professionals to work safely within their scope of practice. In situations where transfer of care to a physician is required, the midwife may provide supportive care after transfer and may resume primary care if appropriate.

ETHICS, ACCOUNTABILITY AND EVIDENCE-BASED PRACTICE

Midwives' fundamental accountability is to the clients in their care. They are also accountable to their peers, their regulatory body, the health agencies where they practice and the public to for the provision of safe, competent, ethical practice informed by the CMBC *Philosophy of Care* and current evidence in perinatal care. Midwives develop and share midwifery knowledge, promoting and participating in research.

References

Ministry of Health (2008). Health *Professions Act: Midwives Regulation*. Retrieved from: http://www.bclaws.ca/civix/document/id/lc/statreg/281_2008

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